

PTO/SB/97 (08-03)

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Serial No.: 10/583,612

Docket No.: PU030327

Examiner: Rochelle Ann J. Blackman

Transmittal Form (2 Copies - 2 Pages)

Fee Transmittal Form (2 Copies - 2 Pages)

Petition for Extension of Time (2 Copies - 2 Pages)

Amendment (13 Pages)

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/583,612	RECEIVED CENTRAL FAX CENTER AUG 29 2007
	Filing Date	June 20, 2008	
	First Named Inventor	Mark Alan Schultz et al.	
	Art Unit	2851	
	Examiner Name	Rochelle Ann J. Blackman	
Total Number of Pages In This Submission	Attorney Docket Number	PF010075	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Thomson Licensing		
Signature	<i>Patricia A. Verlangieri</i>		
Printed name	Patricia A. Verlangieri		
Date	August 29, 2007	Reg. No.	42,201

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Signature	<i>Patricia A. Verlangieri</i>		
Typed or printed name	Patricia A. Verlangieri	Date	August 29, 2007

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PTO/SB/21 (09-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/583,612	RECEIVED CENTRAL FAX CENTER AUG 29 2007
	Filing Date	June 20, 2008	
	First Named Inventor	Mark Alan Schulz et al.	
	Art Unit	2851	
	Examiner Name	Rochelle Ann J. Blackman	
Total Number of Pages in This Submission	Attorney Docket Number	PF010075	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

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Date	August 29, 2007	Reg. No.	42,201

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PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0691-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 450**Complete if Known**

Application Number 10/583,612
 Filing Date June 20, 2006
 First Named Inventor Mark Alan Schultz et al.
 Examiner Name Rochelle Ann J. Blackman
 Art Unit 2851
 Attorney Docket No. PU030327

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METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None☒ Deposit Account:Deposit
Account
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07-0632

Deposit
Account
Name

THOMSON LICENSING INC., Customer No. 24496

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	760	2001	385	Utility filing fee	
1002	350	2002	170	Design filing fee	
1003	580	2003	265	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims: Extra Claims: Fee from below: Fee Paid:
 Independent Claims: Fee from below: Fee Paid:
 Multiple Dependent: Fee from below: Fee Paid:

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	43	Independent claims in excess of 3	
1203	300	2203	145	Multiple dependent claim, if not paid	
1204	88	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$ 0)

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1061	130	2051	65	Surcharge - late filing fee or oath	
1062	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1063	130	Non-English specification	
1812	2,620	1812	2,620	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	65	Extension for reply within first month	
1252	430	2252	210	Extension for reply within second month	450
1253	960	2253	475	Extension for reply within third month	
1254	1,630	2254	740	Extension for reply within fourth month	
1255	2,060	2255	1,005	Extension for reply within fifth month	
1401	340	2401	165	Notice of Appeal	
1402	340	2402	165	Filing a brief in support of an appeal	
1403	300	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	65	Petition to revive - unavoidable	
1453	1,370	2453	665	Petition to revive - unintentional	
1501	1,370	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	600	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Director	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
6021	40	6021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 450)

SUBMITTED BY**Complete if applicable**

Name (Print/Type) Patricia A. Verlangen Registration No. (Attorney/Agent) 42,201 Telephone (609) 734-6867
 Signature *Patricia A. Verlangen* Date August 29, 2007

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